	Connecticut Dep	artment of	Public H	lealth D	rinki	ing W	ater Se	ection	
	Water Oua	ality Monit	oring an	d Comp	lianc	e Sch	edule		
PWS ID	PWS Name		<u> </u>		assificati			ner Type Pr	imary Source
CT0260014	CAMP HAZEN YMCA WELL	#1			NC		25	P	GW
Local Address (	where applicable)		Service	Residentia	I Comm	ercial I	ndustrial	Combined	Agricultural
204 WEST MAIN			Connections		1				
Towns Served:	CHESTER					l	l		
		Monito	oring Requ	iirement	:S				
Water System	Facility: DISTRIBUTION	SYSTEM (WSF II	D: 00600)						
<b>Total Coliforn</b>	n (3100)						1 ro	utine (RT) բ	er quarter
Sampling	Point (Sampling Point ID)			Monitoring	Period	Collec	tion Period	Compli	ance Status
Select from	n Inventory of Active Samplir	g Points		10/1/18 - 12	2/31/18			Со	mplete
				1/1/19 - 3/	31/19			Со	mplete
				4/1/19 - 6/	30/19				
				7/1/19 - 9/	'30/19				
<b>Physical Para</b>	meters (PPS)						1 ro	utine (RT) բ	er quarter
Sampling	Point (Sampling Point ID)			Monitoring	Period	Collec	tion Period	Compli	ance Status
Select fron	n Inventory of Active Samplir	ng Points		10/1/18 - 12	2/31/18			Co	mplete
				1/1/19 - 3/	'31/19			Co	mplete
				4/1/19 - 6/	'30/19				
				7/1/19 - 9/	'30/19				
Water System	Facility: ENTRY POINT (	WSF ID: 00700)							
Nitrate (1040	0)						1 ro	utine (RT) բ	er quarter
Sampling	Point (Sampling Point ID)			Monitoring	Period	Collec	tion Period	Compli	ance Status
ENTRY POI	INT (3)			10/1/18 - 12	2/31/18			Co	mplete
				1/1/19 - 3/	'31/19			Co	mplete
				4/1/19 - 6/	'30/19				
				7/1/19 - 9/	30/19				
Nitrite (1041							1		T) per year
	Point (Sampling Point ID)			Monitoring		Collec	tion Period		ance Status
ENTRY POI	INT (3)			1/1/18 - 12					mplete
				1/1/19 - 12				Со	mplete
				1/1/20 - 12	/31/20				
	Water 9	System Facili	ty and Sar	mpling P	oint Ir	ivento	ry		
Water						Total	Lead and		
-	er System Facility	Sampling Point		nt		Coliform			Stage
Facility ID	DIDLITION SVSTT	ID	Description		Status	Rule	Rule Tie	Asbestos	WQP 2 DBPR
00600 DIST	RIBUTION SYSTEM	4	DISTRIBUTION		A	Y			
		DOWNSTREAM			Α				
		UPSTREAM	WITHIN 5 SEF		Α				
	RY POINT	3	ENTRY POINT		Α				
20509 WEL	L #1	2	WELL		Α				

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

WELL #2

Α

2

58130

ST01

ST02

TP01

TP02

WELL #2

**HYDROPNEUMATIC TANK #1** 

**HYDROPNEUMATIC TANK #2** 

**TREATMENT PLANT #1** 

TREATMENT PLANT #2

Connecticut Department of Public Health	Drinking	g Water	Section	
Water Quality Monitoring and Con	npliance S	Schedul	e	
DWS Namo	Classification	Donulation	Owner Type	Drim

				_			
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0260014	CAMP HAZEN YMCA WELL #1			NC	25	Р	GW
Local Address (v	where applicable)	Service	Resider	ntial Commerc	ial Industri	al Combine	ed Agricultural
204 WEST MAIN	STREET	Connections		1			

Towns Served: CHESTER

				Contact I	nformation					
Name				Organizat	ion		Job Title			
Ms. Denise P. Learned				Camp Haz	Camp Hazen YMCA			Executive Director		
Mailing Address Lin	e One		Mailing	Address Line Tv	NO		City	State	Zip Code	
204 West Main Stre	et					Chester CT 064			06412	
<b>Business Phone</b>	Extension	Fax		Mobile Phone	e Emergency Phone	Email Address				
860-526-9529		860-526-	9520			office@camphazenymca.org				

Contact Role(s): Administrative Contact, Legal Contact

### Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connectic	ut Dena	rtment of	Public I	Health	Drin	king V	Water S	Section	
		•	lity Monite				_			
PWS ID	PWS Name	ter Qua	irty Monito	ornig ar		Classific				Primary Source
CT0260034	CAMP HAZEN YI	MCΔ WFII #3				N(		25	P P	GW
	(where applicable)	WICH WELL III		Service	Resident		nmercial	Industrial	Combine	_
204 WEST MA				Connections		iai coi	1	maasman	Combine	a / ignearearar
Towns Served										
			Monito	oring Req	uiremer	nts				
Water Syste	m Facility: <b>DISTR</b>	RIBUTION S								
Total Colifo	•			•				1 r	outine (RT	per quarter
	g Point (Sampling P	oint ID)			Monitorin	g Perio	d Coll	lection Perio	= :	liance Status
	om Inventory of Act	-	Points		4/1/19 -					
	•				7/1/19 - 9					
Physical Par	rameters (PPS)				<u> </u>			1 r	outine (RT	per quarter
-	g Point (Sampling P	oint ID)			Monitorin	g Perio	d Coll	lection Perio	= :	liance Status
Select fro	om Inventory of Act	ive Sampling	Points		4/1/19 -	6/30/19	)			
					7/1/19 - 9	9/30/19	)			
Water Syste	m Facility: <b>ENTR</b>	Y POINT (V	VSF ID: 00700)							
Nitrate And	Nitrite (NOX)								1 routine	RT) per year
Sampling	g Point (Sampling P	oint ID)			Monitorin	g Perio	d Coll	lection Perio	od Comp	liance Status
ENTRY P	OINT (3)				1/1/18 - 1	.2/31/1	8		C	omplete
					1/1/19 - 1	.2/31/1	9			
					1/1/20 - 1	.2/31/2	0			
			Other Co	ompliance	e Sched	ules				
Compliance S	chedule Activity				D	ue Dat	е	Achieve	ed Date	
SEASONAL ST	ART UP COMPLETIO	N			6	/1/201	9			
		Water Sy	stem Facili	ty and Sa	mpling	Point	Inven	tory		
Water							Tota	al Lead a	nd	
System Wo	ater System Facility	'	Sampling Point		oint		Colifo	rm Coppe	er	Stage
Facility ID			ID	Description		Stat		e Rule Ti	ier Asbesto	s WQP 2 DBPI
00600 DIS	STRIBUTION SYSTEM		4	DISTRIBUTIO		А				
			DOWNSTREAM			Α				
			UPSTREAM	WITHIN 5 SE	RVICE CON	Α				
00700 EN	TRY POINT		3	ENTRY POIN	Т	Α				
20511 W	ELL		2	WELL		Α				
TP01 TR	EATMENT PLANT									
TP01 TR	EATMENT PLANT		Con	tact Infor	mation					
	EATMENT PLANT			tact Infor	mation				Job Title	
Name			Or					Executive D		
Name Ms. Denise P.	Learned		Or	ganization mp Hazen YN				Executive D		Zip Code
Name Ms. Denise P. Mailing Addre 204 West Mai	<b>Learned</b> ess Line One		Or Ca	ganization mp Hazen YN			Chester		irector	

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office@camphazenymca.org

860-526-9520

Contact Role(s): Administrative Contact, Legal Contact

860-526-9529

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

water quanty fromtoring and domphance beneaute								
PWS ID	ID PWS Name			Classification	assification   Population		<b>Primary Source</b>	
CT0260034	CAMP HAZEN YMCA WELL #3			NC	25	Р	GW	
Local Address (\	where applicable)	Service	Resider	ntial Commerc	ial Industr	ial Combin	ed Agricultural	
204 WEST MAIN	I STREET	Connections		1				
Tayuna Camuada	CHECTED	<u>'</u>	•	'		<u>'</u>		

Towns Served: CHESTER

#### Please note the following:

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

				1.1.5	. 7		*			
	Connecticut Do	•				U			1	
	Water Q	Juality Monit	oring and	d Comp	lianc	e Sch	redule			
PWS ID	PWS Name			Cla	assificat	ion Pop	ulation	wner Type	Pri	mary Source
CT0260084	4 GUEST HOUSE RETREAT	& CONFERENCE CEN	ITER		NC		25	Р		GW
Local Addr	ress (where applicable)		Service	Residentia	Comm	nercial	Industrial	Combin	ned	Agricultural
318 WEST	MAIN STREET		Connections		1	L				
Towns Ser	ved: CHESTER									
		Monito	oring Requ	irement	S					
Water Sys	stem Facility: DISTRIBUTIO	ON SYSTEM (WSF I	D: 00600)							
<b>Total Col</b>	liform (3100)						1 r	outine (R	T) p	er quarter
Samp	oling Point (Sampling Point ID)	)		Monitoring	Period	Collec	ction Perio	od Con	nplia	nce Status
Selec	t from Inventory of Active Sam	pling Points		10/1/18 - 12	/31/18				Con	nplete
				1/1/19 - 3/	31/19				Con	plete
				4/1/19 - 6/						
				7/1/19 - 9/						
Physical	Parameters (PPS)						1 r	outine (R	T) po	er quarter
-	oling Point (Sampling Point ID)	)		Monitoring	Period	Collec	ction Perio	=		nce Status
Selec	t from Inventory of Active Sam	pling Points	:	10/1/18 - 12	/31/18				Con	nplete
				1/1/19 - 3/	31/19				Con	nplete
				4/1/19 - 6/	30/19					
				7/1/19 - 9/						
Water Sys	stem Facility: ENTRY POIN	T (WSF ID: 00700)			-					
	And Nitrite (NOX)							1 routine	e (RT	) per year
Samp	oling Point (Sampling Point ID)	)		Monitoring	Period	Collec	ction Perio		-	nce Status
ENTR	Y POINT (3)			1/1/18 - 12/31/18					Con	plete
	· · ·			1/1/19 - 12		31/19			Complete	
				1/1/20 - 12/	-					·
		Other C	ompliance		•					
Compliand	ce Schedule Activity		<u> </u>	Due	e Date		Achieve	ed Date		
CROSS COI	NNECTION SURVEY REPORT			3/1	/2021					
	Wate	er System Facili	ity and Sar	npling Po	oint Ir	nvento	ory			
Water		-	-			Total	Lead a	nd		
System	Water System Facility	Sampling Point	Sampling Poi	nt		Coliforn	n Coppe	er		Stage
Facility ID		ID	Description		Status	Rule	Rule Ti	ier Asbest	os V	VQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	N SYSTEM	Α	Υ				
		DOWNSTREAM	WITHIN 5 SER	VICE CON	Α					
		UPSTREAM	WITHIN 5 SER	VICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT		Α					
20516	WELL #1	2	WELL		Α					
52291	WELL #2	2	WELL #2		Α					
		Con	tact Inforr	nation						
Name			rganization					Job Tit	le	
	yn J. Kerrigan		en Directions, I	nc		F	kecutive D			
Mailing Ad		Mailing Address				L/	Ch.	Ctata		7in Codo

Mailing Address Line One Mailing Address Line Two Zip Code City State 318 West Main Street Chester CT 06412 **Business Phone** Extension Fax Mobile Phone Emergency Phone Email Address 860-322-5770 155 860-322-5744 860-319-1479 saralyn@guesthousecenter.org

Contact Role(s): Administrative Contact, Legal Contact

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	Connecticut Department of Public Health Drinking Water Section											
	Wat	er Qua	lity Mon	itoring a	nd Con	nplia	nce S	Schedul	e			
PWS ID	PWS Name					Classif	ication	Population	Owner Type	Primary Source		
CT0260084	GUEST HOUSE RE	TREAT & CO	ONFERENCE C	ENTER		N	С	25	Р	GW		
Local Address (w	here applicable)			Service	Residen	tial Co	mmerci	al Industri	al Combine	ed Agricultural		
318 WEST MAIN STREET				Connection	ns		1					
Towns Served: C	HESTER			·	·			·				
Name				Organization					Job Title			
Ten Directions, I	nc.											
Mailing Address	Line One		Mailing Addr	ress Line Two			City		State	Zip Code		
318 W Main St							Cheste	r	СТ	06412		
Business Phone	Extension	Fax	Мо	Mobile Phone Emergend		/ Phone	Email A	Email Address				
860-322-5770												
Contact Role(s):	Owner		•	,			•					

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End of schedule

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0260114	BRUSHMILL BY THE WATERFALL			NC	25	Р	GW
Local Address (	where applicable)	Service	Resider	ntial Commer	cial Industr	ial Combin	ed Agricultural
129 WEST MAI	N STREET	Connections		1			

Towns Served: CHESTER

Monitoring Requirements								
Water System Facility: <b>DISTRIBUTION SYSTEM (WSF ID: 00600)</b>								
Total Coliform (3100)		1 routine (RT) per quarte						
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>					
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18							
	1/1/19 - 3/31/19		Complete					
	4/1/19 - 6/30/19		Complete					
	7/1/19 - 9/30/19							
Physical Parameters (PPS)	1 routine (RT) pe							
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>					
Salact from Inventory of Active Sampling Points	10/1/18 - 12/21/18							

Physical Parameters (PPS)		1 rout	ine (KT) per quarter
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		Complete
	7/1/19 - 9/30/19		

water system Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate And Nitrite (NOX)		1 rc	outine (RT) per year
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		Complete

# **Other Compliance Schedules**

1/1/20 - 12/31/20

Compliance Schedule Activity	Due Date	Achieved Date
CROSS CONNECTION SURVEY REPORT	3/1/2020	

Public Notification Requirements									
	Compliance Notice <u>Public Noti</u>								
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received			
Total Coliform M&R Violation	7/1/18 - 9/30/18	3	11/13/2019		11/23/2019				
Physical Parameters M&R Violation	7/1/18 - 9/30/18	3	11/20/2019		11/30/2019				
Physical Parameters M&R Violation	10/1/18 - 12/31/18	3	2/28/2020		3/9/2020				
Total Coliform M&R Violation	10/1/18 - 12/31/18	3	2/28/2020		3/9/2020				

	Water System Facility and Sampling Point Inventory								
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
20519	WELL 1	2	WELL	Α					
56825	WELL 2	2	WELL 2	Α					
50/03	1 000 GALLON ATMOS TANK								

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Water Quality Monitoring and Compliance Schedule								
PWS ID	PWS Name		Clas	ssification	Population	Owner Type	Primary Source	
CT0260114 BRUSHMILL BY THE WATERFALL					NC	25	Р	GW
Local Address (w	Service	Residen	itial	Commercia	al Industri	al Combine	ed Agricultural	
129 WEST MAIN	STREET	Connections			1			

Connecticut Department of Public Health Drinking Water Section

			Co	ontact Info	ormation				
Name Organization							Job Title		
Mr. Peter Giannopo	oulos			Ap&S Proper	ties, LLC		Owner		
Mailing Address Line One Mailing Addre			ess Line Two			City	State	Zip Code	
95 Den Hollow Road						Guilford		СТ	06437-2276
Business Phone	Extension	Fax	Мо	Mobile Phone Emergency Phone Email A			ddress		
860-526-9898						pg536464@yahoo.com			
Contact Role(s): Ac	dministrative	Contact, Ow	ner						
Name				Organization		Job Title			j
Mr. Angelo S. Giannopoulos				Ap&S Proper	ties, LLC	Owner			
Mailing Address Lin	e One		Mailing Addr	Mailing Address Line Two			City	State	Zip Code
95 Den Hollow Road	t					Guilford		СТ	06437-227
Business Phone	Extension	Fax	Mo	bile Phone	Emergency Phone	Email Ad	ddress		
860-526-9898			20	3-623-1624					
Contact Role(s): Le	gal Contact, (	Owner							
Name				Organization				Job Title	<u>;</u>
Mr. Spyros Giannopoulos				Ap&S Proper	&S Properties, LLC Owner				
Mailing Address Lin	e One		Mailing Addr	ess Line Two			City	State	Zip Code
95 Den Hollow Road	t					Guilford		СТ	06437-2276
Business Phone	Extension	Fax	Mo	obile Phone	Emergency Phone	Email Ad	ddress		
860-526-9898									
Contact Role(s): O	wner		•						

## Please note the following:

Towns Served: CHESTER

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End of schedule

Schedule Generation Date: 4/11/2019